

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
GEMINIANI	MARIO	VICTOR	5364302
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
924 BETHEL ST.	HONOLULU	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
same as above			n/a
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
n/a			

PART II ORGANIZATION

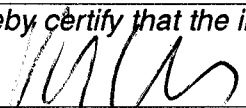
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
LEGAL AID SOCIETY OF HAWAII	5364302		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
924 BETHEL ST.	HONOLULU	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
WAYNE KEANE			5364302
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
924 BETHEL ST.	HONOLULU	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input checked="" type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

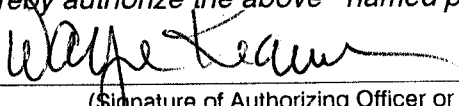
PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

 2/10/03

(Signature of Lobbyist) (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
WAYNE KEANE	Comptroller		
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
LEGAL AID SOCIETY OF HAWAII	5364302		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
924 BETHEL ST.	HONOLULU	HI	96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 2/10/03			(Date)
(Signature of Authorizing Officer or Person Represented)			